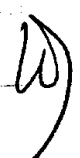


SHERRY PERRI
SUMMIT GROUP BENEFITS, INC.
3225 S. MACDILL AVE. # 342
TAMPA, FL 33629
813-361-3444

FILED
MAR 27 2003
CLERK OF COURT
BY 

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA**

Thomas A. Dillon, Independent Fiduciary
Of Employers Mutual Plans,

Plaintiff,

v.

Sherry Perri, et al.

Defendants.

CASE NO. CV-N-03-0119-HDM-VPC

**Defendant Sherry Perri, Summit Group
Benefits, Inc.'s Response To Court
Order and Accompanying Information
of March 26, 2003**

To follow is input requested by Mr. Brace with respect to a pre-trial conference. This will include Sherry Perri and Summit Group Benefit's response to the Court Order of March 26, 2003 and the additional attachments and information accompanying the Court Order as sent by Attorney Robert Brace. Be it known that Sherry Perri, Summit Group Benefits, Inc. is also accompanying this response with the information requested in the four interrogatories in the original Court Order as requested in the Court Order and to the best of her ability and according to information taken directly from files maintained for the Employers Mutual clients mentioned in the Court Order.

gs

Grounds For This Response

1. Although Sherry Perri, Summit Group Benefits, Inc. has been ordered to and is complying with the March 26, 2003 Court Order following the hearing with Magistrate Judge Cook, Sherry Perri, Summit Group Benefits, Inc., as would any conscientious insurance agent, objects to having to list Social Security numbers, names, addresses, and phone numbers of Employers Mutual Clients. The court, without the written consent of these individuals of whom files have been kept, is requesting this information. This, in Sherry Perri's understanding of HIPAA, does not allow for any client to have protection of their right, under the HIPAA Laws as currently written, to confidentiality and privacy. Should any of this information become public record, Sherry Perri should be absolved of any liability in that he complied with the Court Order rather than withhold this information on behalf of these individuals and their families.

2. Sherry Perri, Summit Group Benefits, Inc. cannot afford any Mediator's fees or other additional fees at this time. Due to budgetary constraints, there are no funds available at all. This places Sherry Perri at an economic disadvantage since Mr. Dillon has fees allotted to him and has not had to use his own funds. Sherry Perri is placing the court on notice of his economic situation.

3. Sherry Perri cannot afford the services of any attorney nor can she afford to "co-op" with any attorney at this time. This is being stated as a matter of fact and for the record. This is an economic disadvantage and therefore a legal disadvantage for Sherry Perri. Mrs. Perri wishes to place the court on notice of this fact.

4. Sherry Perri, Summit Group Benefits objects to any use of "one common attorney" to serve the various and different needs of the entire list of Defendants. Mrs. Perri believes that no one person is qualified, that no one person has all the facts, that any additional

expense, time, travel, etc. is not realistic in attempting to work with "one common attorney". How one attorney would be capable of coordinating the various needs of hundreds of defendants is a question to Mrs. Perri and something she is gravely concerned about. This places Mrs. Perri, and perhaps others, at a disadvantage in defending themselves.

5. The venue of Reno, Nevada makes use of time difficult since Mrs. Perri is in Florida. Mrs. Perri cannot afford to travel such a distance. Airfare, hotel, meals, ETC. This places Mrs. Perri at a disadvantage in defending herself.


6. The venue of Reno, Nevada is far removed from any of the Employers Mutual clients Mrs. Perri would have come in contact with. This places these individuals, their wishes and interests as a lower priority as a result.

7. Sherry Perri, Summit Group Benefits objects to the one-sided discovery thus far in this case. Mrs. Perri is trying to defend herself with both hands tied behind his back.

Conclusion

The responses of Sherry Perri, Summit Group Benefits, Inc. were requested by Mr. Brace in his accompanying paperwork and Court Order of March 26, 2003 and therefore should be considered either prior to or during the August 26, 2003 conference with Judge McKibben.

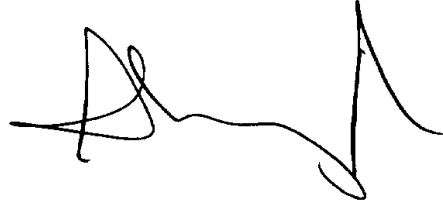
Prepared and submitted by:


Sherry Perri

Certificate of Service

I, Sherry Perri, certify that August 14, 2003, I mailed a true and correct copy of the above and foregoing response via first class mail to:

Robert L. Brace
P.O. Box 630
Santa Barbara, CA 93102

A handwritten signature in black ink, appearing to read 'R. Brace', with a stylized flourish at the end.

and

Richard W. Horton
Suite 1100 Bank of America Plaza
50 W. Liberty Street
Reno, NV 89501

RESPONSE TO ATTACHMENT B

COURT ORDERED INTERROGATORIES TO BE ANSWERED BY DEFENDANT

INSURANCE PRODUCERS

This is Sherry Perri, Summit Group Benefits, Inc. response to the Interrogatories as per Court Order and schedule set forth for Sherry Perri, Summit Group Benefits, Inc. to respond (see Order, generated by Magistrate Valerie Cook following July 23, 2003 meeting in her chambers). These responses are no admission of any fault, liability, guilt, or any other admission. These responses are merely responses as per Attachment B. As to the in-depth nature of the information, these are the files within my possession and all information is listed as is in each file.

Interrogatory No.1

As to identifying each plan, employer, employee (and employee dependents) who purchased the **ERISA Plan** with my knowledge and whose file I maintain to some extent, I am providing what limited information is contained in the files. See attached information, (23 pages) . As to anyone who "purchased the subject insurance by or through you..." there were no individuals that fit in this category. The Feb. 1, 2003 Court Order specifically listed Employers Mutual Plans being under the Department of Labor, ERISA, and stated that each plan was an EWBP, therefore, the term "insurance" is inappropriate.

Interrogatory No. 2

This refers only to ERISA EWBP's since no "insurance" was marketed to anyone as stated above. As to each client: provide their address, phone number and social security number. Please refer to pages 1 – 23 for this information. Again, this is provided to the extent that it is maintained in a file.

Interrogatory No. 3

As to each client, provide their inception date, termination date and the amount of premiums paid. Inception dates are listed in pages 1 – 23. I, Sherry Perri, would have no idea of the termination dates. Most groups termed before 12-31-01 per my advise in a letter I sent out to each group. (See Attached) As to any premiums or fees, I would not be aware exactly how much each client sent in premium. I would only be guessing. I would have the information on the amount of each "first month's" check. Employers Mutual was not even paying the agents after the September statement. She has no direct first hand information concerning what was paid or not paid after that time. Again, these statements relate to ERISA Plans, not insurance.

Interrogatory No. 4

Identify each Insurance Producer with whom you, the responding Insurance Producer, shared a commission override or had a commission override agreement. Sherry Perri did not have any agents whom she received overrides on.

32-5446

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-8294

Invoice

Billing Period: November

Due Date 11/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

AS Com, Inc.
809 W Waters Ave
Tampa, FL 33604

#813-935-1994

Association of Retail Sellers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
AS Com, Inc.						385
Coe, Erma	493-70-9869	Member	250	3/1/2001		\$173.50
Moran, John J.	179-32-3958	Member	250	3/1/2001		\$192.50
Sanchez, Mitchell	265-86-6387	Member & Spouse	250	6/1/2001		\$304.50
Saunders, James D.	363-73-3708	Member & Spouse	250	6/1/2001		\$260.50
Schenck, Jaime	264-99-4513	Member	250	6/1/2001		\$155.50

Summary for 'Employer' - AS Com, Inc. (5 Insureds)

Summary of Association (5 Insureds)

Amount Due

\$1,088.50

\$1,088.50

Make Check Payable To: Association of Retail Sellers

Paid
11/14/01
ck 2845
\$826.00

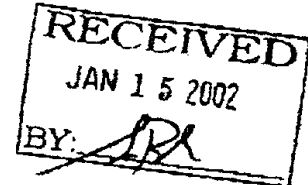
Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Post-It® Fax Note 7671		Date 2/5/02	# of pages 3
To SHAW	From STEVE		
Co./Dept.	Co.		
Phone #	Phone #		
Fax #	Fax # 832-5446		

Due Date 1/1/2002

Payment must be received by the 15th of the month to avoid cancellation.

MTEC
P.O. Box 459
Plant City, FL 33564



Association of Manufacturers & Wholesalers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
MTEC						1288
Arquelles, Danette	267-89-4461	Member & Child(ren)	250	5/1/2001		\$274.45
Bethards, David B.	298-80-8382	Member	250	10/1/2001		\$172.90
Burkhammer, Robert	232-29-6520	Member	250	11/1/2001		\$172.90
Byrnes, Christopher	267-35-6704	Family	250	5/1/2001		\$423.50
Collins, Clint	269-48-3244	Family	250	5/1/2001		\$481.00
Craft, David A.	264-23-8281	Member	250	5/1/2001		\$208.55
Creed, Judy	542-68-8462	Family	250	5/1/2001		\$444.20
Cruz, Jose	296-36-7949	Member & Spouse	250	5/1/2001		\$354.95
Guzman, Emanuel	111-74-1957	Member & Child(ren)	250	5/1/2001		\$254.90
Hart, Keith	261-53-5502	Family	250	5/1/2001		\$444.20
Houghtaling, Rusty	119-56-9924	Family	250	8/1/2001		\$391.30
Keppel, Douglas	261-79-8587	Member & Child(ren)	250	5/1/2001		\$262.95
Morton, David	263-85-7223	Family	250	5/1/2001		\$423.50
Overtelt, Virgil	487-80-0002	Family	250	6/1/2001		\$444.20
Preston, James	358-48-8095	Member & Child(ren)	250	5/1/2001		\$287.10
Riley, Michael	263-63-3921	Member & Child(ren)	250	5/1/2001		\$254.90
Rucker, Michael D.	264-37-1158	Member	250	5/1/2001		\$178.65
Seitz, Steven R.	589-01-7528	Member	250	5/1/2001		\$185.55

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Invoice

Billing Period: January

Due Date 1/1/2002

Payment must be received by the 15th of the month to avoid cancellation.

MTEC
P.O. Box 459
Plant City, FL 33564

Association of Manufacturers & Wholesalers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
Shively, Paul	261-15-8195	Member & Child(ren)	250	5/1/2001		\$297.45
Singer, Donald	292-28-8697	Member & Spouse	250	5/1/2001		\$388.30
Sizemore, Lamar	593-40-9057	Family	250	5/1/2001		\$391.30
Skiles, Robert	274-60-2276	Member	250	5/1/2001		\$193.60
Snider, Troy	348-58-0310	Member & Child(ren)	250	5/1/2001		\$287.10
Solomon, Celestus E.	264-72-1923	Member	250	5/1/2001		\$215.45
Spull, Sherry	594-26-4046	Member & Child(ren)	250	7/1/2001		\$274.45
Terrell, Carol	382-40-6003	Member & Spouse	250	5/1/2001		\$388.30
Thomas, Vann W.	262-89-2202	Family	250	11/1/2001		\$423.50
Tustin, Todd	263-85-2121	Member	250	12/1/2001		\$185.55
VanMeter, Michael	228-88-1645	Member	250	5/1/2001		\$193.60
Vincent, James	427-49-6077	Member	250	6/1/2001		\$178.65
Wilson, Daniel R.	262-91-7725	Family	250	5/1/2001		\$444.20
Wilson, Jerome J.	291-32-6724	Member & Spouse	250	5/1/2001		\$388.30
Winters, Daryl	261-19-0634	Family	250	5/1/2001		\$462.60
Summary for 'Employer' = MTEC (33 Insureds)						\$10,372.05
Summary of Association (33 Insureds)						\$10,372.05
Make Check Payable To: Association of Manufacturers & Wholesalers						Amount Due

All Employees are terminated
effective 12-31-01

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Invoice

Billing Period: December

Due Date 12/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

Cook Construction Company
2006 W Reynolds St. #4
Plant City, FL 33567

Construction Trade Workers Association

Full Name	SSN	Status	Deductible	Effec Date	Term Date	Premium
<i>Cook Construction Company</i>						491
Beveard, Raymond	595-60-8134	Family	250	3/1/2001	1/31/02	\$325.50
Cook, Ben	225-02-0023	Family	250	3/1/2001	1/31/02	\$351.50
McLeod, Stephen	591-28-2523	Member & Spouse	250	3/1/2001	1/31/02	\$236.50
Summary for 'Employer' = Cook Construction Company (3 Insureds)						\$913.50
Summary of Association (3 Insureds)						\$913.50
Amount Due						\$913.50

Make Check Payable To: **Construction Trade Workers Association**

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Invoice

Billing Period: January

U.F.S., I.

JAN 14 2002

RECEIVED

Due Date 1/1/2002

Payment must be received by the 15th of the month to avoid cancellation.

Universal Fire
374 Hobbs Rd
Tampa, FL 33619

Construction Trade Workers Association

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
Universal Fire						448
✓ Booth, Malissa	378-68-5536	Member	250	3/1/2001		\$156.50 •
✓ Buck, Mark	262-93-7703	Member & Spouse	250	3/1/2001		\$254.50 •
Garner, Scott	593-62-1080	Member & Spouse	250	7/1/2001		\$236.50
✓ Griffin, Michael	261-81-9003	Member	250	3/1/2001		\$163.50 •
✓ Harrell, Deena	590-20-4027	Member	250	3/1/2001		\$156.50 •
✓ Heiss, Kenneth	369-84-5003	Member	250	3/1/2001		\$156.50 •
Hoglievina, Martin	266-95-3370	Member & Child(ren)	250	3/1/2001		\$231.50
✓ Joyner, Kevin M.	591-14-5879	Member	250	3/1/2001		\$146.50 •
✓ Kocher, Rodney	591-34-8882	Member	250	9/1/2001		\$146.50
✓ Kocher, Timothy	591-34-9026	Family	250	3/1/2001		\$325.50 •
✓ Lamoureux, Timothy	264-61-8619	Member & Child(ren)	250	3/1/2001		\$221.50 •
✓ Lawrence, Michael	526-29-2250	Family	250	3/1/2001		\$351.50 •
✓ Mathews, Martin	262-13-3026	Member	250	3/1/2001		\$168.50 •
Mayo, Albert	591-62-2823	Member	250	10/1/2001		\$146.50
Mayo, Albert	261-19-3324	Family	250	3/1/2001		\$381.50
✓ Mayo, Robert	262-47-1144	Family	250	3/1/2001		\$366.50 •
✓ Pugh, Mark	194-50-7738	Family	250	3/1/2001		\$366.50 •
Russell, Alex	540-21-8266	Member & Child(ren)	250	10/1/2001		\$215.50

delete 10-25-01
3rd request

delete
2nd request
1-1-02

Michy
Kevin
Henry
Scott
Paul ?

delete 3rd request
eff. 10-17-01

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Invoice

Billing Period: January

Due Date 1/1/2002

Payment must be received by the 15th of the month to avoid cancellation.

Universal Fire
374 Hobbs Rd
Tampa, FL 33619

Construction Trade Workers Association

Full Name	SSN	Status	Deductible	Effec Date	Term Date	Premium
✓ Shea, Stephen	590-44-3218	Member	250	3/1/2001		\$146.50 •
✓ Toney, Ben	258-25-9604	Member	250	3/1/2001		\$156.50 •
✗ Trueblood, Richard	261-92-9232	Family	250	3/1/2001		\$369.50 •
✓ Webb, Bundy	261-19-3245	Member	250	3/1/2001		\$168.50 •
✓ Wilson, James	222-34-8284	Family	250	3/1/2001		\$369.50 •
✓ Wilson, Philip	370-80-1187	Member	250	3/1/2001		\$156.50 •

Summary for 'Employer' = Universal Fire (24 Insureds)

\$5,559.00

Summary of Association (24 Insureds)

Amount Due

\$5,559.00

Make Check Payable To: *Construction Trade Workers Association*

4,875.50

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(800) 778-1933 Fax (909) 244-6294

Invoice

Billing Period: August

Due Date 8/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

Gulfcoast E.N.T. Assoc.
1501 Alt. 19 South Suite S
Tarpon Springs, FL 34689

Association of Health Care Workers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
Gulfcoast E.N.T. Assoc.						2912
Berrios, Jose	583-68-5292	Family	250	7/1/2001	1/31/02	\$501.75
DiForti, Doris	150-54-2172	Member / child	250	7/1/2001	1/31/02	\$208.25 320.00
Edwards, Debra	387-64-7963	Member	250	7/1/2001	1/31/02	\$217.00
Mcagher, Wanda	170-36-0317	Member	250	7/1/2001	1/31/02	\$232.00
Mohr, Peggy	302-50-0261	Member & Spouse	250	7/1/2001	1/31/02	\$357.50
O'Connor, Carol	150-22-2498	Member & Spouse	250	7/1/2001	1/31/02	\$385.00
Brady, Dawn	181-46-7198	Family	250	10/1/01	1/31/02	471.25
Summary for Employer = Gulfcoast E.N.T. Assoc. (6 Insureds)						\$1,901.50
Summary of Association (6 Insureds)						Amount Due \$1,901.50

Make Check Payable To: Association of Health Care Workers

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Invoice

Billing Period: January

Due Date 1/1/2002

Payment must be received by the 15th of the month to avoid cancellation.

J.D. Miller & Sons Trucking
P.O. Box 593
Thonotosassa, FL 33592

National Coalition of Independent Truckers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
J.D. Miller & Sons Trucking						4068
Banks, Grantt	261-57-8500	Member & Spouse	250	9/1/2001	1/31/02	\$340.00
Castner, Daryl	261-82-5361	Member	250	9/1/2001	1/31/02	\$267.20
Davis, Bobby	267-58-5432	Member	250	9/1/2001	1/31/02	\$267.20
Ender, Trevor	325-44-1278	Member	250	9/1/2001	1/31/02	\$267.20
Laflamboy, Dale	592-28-6936	Member	250	9/1/2001	1/31/02	\$170.60
Miller, Darlene	266-55-9966	Family	250	9/1/2001	1/31/02	\$508.60
Norred, Doyal	267-72-6788	Member	250	9/1/2001	1/21/02	\$267.20
Simmons, Craig	261-31-7833	Member & Spouse	250	9/1/2001	1/31/02	\$340.00
Suggs, Dorothea	379-42-3447	Member	250	9/1/2001	1/31/02	\$267.20
Wyly, Marvin	266-66-4021	Member & Spouse	250	9/1/2001	1/31/02	\$417.05
Summary for 'Employer' = J.D. Miller & Sons Trucking (10 Insureds)						\$3,112.25
Summary of Association (10 Insureds)						\$3,112.25
						Amount Due

Make Check Payable To: National Coalition of Independent Truckers

Rec'd Your Statement on 1-14-02

1-800-AMSOUTH

J D MILLER AND SONS TRUCKING INC
P.O. Box 593 Ph (813) 986-1275
Thonotosassa, FL 33592

6951

TO THE
ER OF

MILLER & SONS
-INC- 3112 DOLS 26 ETS

AMSOUTH BANK
THE RELATIONSHIP PEOPLE

1-12-02 - Monthly Insurance

John D. Miller

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-6294

Invoice

Billing Period: January

Due Date 1/1/2002

Payment must be received by the 15th of the
month to avoid cancellation.

Florida Lighting & Signs
12226 Hazen Ave
Thonotosassa, FL 33592

Association of Retail Sellers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
<i>Florida Lighting & Signs</i>						406
Murray, Francis III Leo	265-27-2437	Family	250	3/1/2001	1/31/02	\$409.50
Murray, Francis IV Leo	595-18-8812	Member	250	3/1/2001	1/31/02	\$155.50
Tucker, Larry	265-86-6211	Member	250	3/1/2001	1/31/02	\$186.50
Summary for 'Employer' = Florida Lighting & Signs (3 Insureds)						\$751.50
Summary of Association (3 Insureds)						\$751.50
Amount Due						\$751.50

Make Check Payable To: *Association of Retail Sellers*

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-8294

Invoice

Billing Period: October

Due Date 10/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

City Pawn Inc
3901 E Hillsborough Ave
Tampa, FL 33610

Association of Retail Sellers

Association of Retail Sellers							
FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium	
							85
<i>City Pawn Inc</i>							
m53 DiPaolo, Anthony J.	094-36-2552	Member & Child(ren)	250	5/1/2001	1/31/02	\$275.50	
m25 Divi, Arthur G.	058-64-3824	Member	250	6/1/2001	1/31/02	\$155.50	
m23 Powell, Taimadge L.	263-87-7534	Member	250	2/1/2001	1/31/02	\$155.50	
m48 Simms, Kelley M.	265-96-7971	Member	250	6/1/2001	1/31/02	\$179.50	
F24 Tadlock, Christine A.	593-68-3317	Member	250	2/1/2001	1/31/02	\$155.50	
m56 Terry, Arthur	063-40-6908	Member	250	3/1/2001	1/31/02	\$192.50	
Summary for Employer = City Pawn Inc (6 Insureds)							\$1,114.00
Summary of Association (6 Insureds)						Amount Due	\$1,114.00
Make Check Payable To: Association of Retail Sellers							

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-8294

Invoice

Billing Period: November

Due Date 11/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

Specialized Transport of Tampa
5614 E. Powhatan Ave.
Tampa Hills, FL 33610

#626-4166

National Coalition of Independent Truckers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
<i>Specialized Transport of Tampa</i>						2960
Broers, Tracy ✓	589-36-3727	Family	250	8/1/2001		\$342.50
Gosk, Edward	082-40-8595	Member & Spouse	250	10/1/2001		\$369.50
Larry, Lamarcus ✓	266-82-4312	Family	250	8/1/2001		\$555.50
McGrew, Barry ✓	418-98-7208	Member	250	8/1/2001		\$153.50
Pinero, Maria	595-01-3313	Member & Child(ren)	250	8/1/2001		\$225.50
Thomas, David L.	589-16-3914	Member	250	8/1/2001		\$195.50
Webb, Bobby	215-70-8741	Member & Child(ren)	250	8/1/2001		\$289.50
Summary for 'Employer' = Specialized Transport of Tampa (7 insureds)						\$2,131.50
Summary of Association (7 insureds)						\$2,131.50
Amount Due						\$2,131.50

Make Check Payable To: *National Coalition of Independent Truckers*

11/19/01
32048
FILE COPY

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-8294

Invoice

Billing Period: November

Due Date 11/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

B L & W Truck Leasing Inc.
5614 E. Powhatan Ave
Tampa Hills, Fl 33610

National Coalition of Independent Truckers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
B L & W Truck Leasing Inc.						2952
Molinary, Raymond	581-67-7657	Member	250	8/1/2001		\$153.50 - DELETE
Smith, Patricia	451-25-3406	Member & Child(ren)	250	8/1/2001		\$289.50
Yardbrough, Lam Jr	090-44-0144	Member	250	8/1/2001		\$195.50 - DELETE
Summary for "Employer" = B L & W Truck Leasing Inc. (3 Insureds)						\$638.50
Summary of Association (3 Insureds)						\$838.50
Amount Due						\$289.50
Make Check Payable To: National Coalition of Independent Truckers						

11/19/01
1634

Nov 13 01 12:33p

p. 5

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(866) 474-8900 Fax (909) 244-6294

Invoice

Billing Period: November

Due Date 11/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

Real Estate Resources Of Tampa Inc.
5915 Memorial Hwy Ste N
Tampa, FL 33615

Association of Retail Sellers

Full Name	SSN	Status	Deductible	Effec Date	Term Date	Premium
<i>Real Estate Resources Of Tampa Inc.</i>						K7
Collins, Rebecca	237-94-7783	Family	500	3/1/2001		\$387.50
Summary for 'Employer' = Real Estate Resources Of Tampa Inc. (1 Insured)						\$387.50
Summary of Association (1 Insured)					Amount Due	\$387.50
Make Check Payable To: Association of Retail Sellers						

Make Check Payable To: *Association of Retail Sellers*

Employers Mutual, LLC.
711 S. Carson
Suite 6
Carson City, NV 89701
(866) 474-9900 Fax (909) 244-8294

Invoice

Billing Period: December

Due Date 12/1/2001

Payment must be received by the 15th of the month to avoid cancellation.

Cordoba Inc. dba Pinch a Penny
3025 Lakeland Highlands Rd.
Lakeland, FL 33803

Association of Retail Sellers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
Cordoba Inc. dba Pinch a Penny						1811
Barlow, Ryan	404-33-0833	Member	250	6/1/2001		\$155.50
Carr, Joshua	595-70-0818	Member	250	6/1/2001		\$155.50
McGee, James	430-74-5391	Member & Spouse	250	6/1/2001		\$344.50
Summary for 'Employer' - Cordoba Inc. dba Pinch a Penny (3 insureds)						\$655.50
Summary of Association (3 insureds)						\$655.50
Amount Due						\$655.50

Make Check Payable To: Association of Retail Sellers

Check 6035
12-6-01

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(800) 779-1933 Fax (909) 244-629

Invoice

BILLING DATE
3/15/2001

PAYMENT IS DUE BY THE 1st OF THE MONTH
DUE DATE 4/1/2001

Payment must be recieved by the 7th of the
month to avoid cancellation.

Lifetime Properties, Inc
1805 Atlantic St #122
Melborne Beach, FL 32951

Association of Real Estate Agents

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
<i>Lifetime Properties, Inc</i>						
Waldstein, George	079-46-9347	Member & Spouse	500	3/1/2001		\$315.50
Summary for 'Employer' = Lifetime Properties, Inc (1 Insured)						\$315.50
Summary of Association (1 Insured)				Amount Due		\$315.50

Make Check Payable To: Association of Real Estate Agents

#295600

PAYMENT CALCULATION

Health & Welfare Benefit Plan

Employer: Bay Travel (Basa Corp) Date: 7-10-01
State: Florida County: Pinellas
(Today's Date)
Association Name: Retail Sales (Make Check "Employers Mutual")
(Identify Association Name For Enrollment)

Instructions:

- Select the monthly rate that applies.
 - Health Benefits
 - Prescription Benefits: Member \$24.00, Member +1 \$35.00, Family \$38.00
 - Other
- Association Dues: Single \$17.50 all others \$20.00
- Total Calculation
- Enclose first month's premium made payable to the Association you have chosen to become a member of.

Mail To

Associated Agents Of America
8131 E. Rosecrans Ave, Suite 102
Paramount, Ca 90723

MONTHLY BILLINGS

APPLICANT NAME	SSN	HEALTH PREMIUM	Rx PREMIUM	ASSN. DUES	OTHER	TOTAL
Brenda Allen	259-70-8864	153	24	17.50		194.50
Ruth Bowden	295-82-1094	140	24	17.50		181.50
Janet Glover	234-72-3867	146.50	24	17.50		188.50
Marta Agani	265-31-5852	362.00	38	20		400.00

BASA CORP. DBA BAY TRAVEL

26133 US HIGHWAY 19 N. STE. 311
CLEARWATER, FL 33763
PH 727-799-6350

7693

DATE 7/10/01

63-9103/2631
50

PAY TO THE ORDER OF Employers Mutual \$ 568.50
five hundred sixty eight and 50/100 DOLLARS

Mercantile
Bank 
4002 WEST KENNEDY BLVD.
TAMPA, FLORIDA 33609
ACH R/T 263191031

FOR _____

Sharon D. Dewy

⑈007693⑈ ⑆263191031⑆

0501300945⑈

Employers Mutual, LLC.
711 S. Carson
Suite 5
Carson City, NV 89701
(800) 779-1933 Fax (909) 244-629

Invoice

BILLING DATE
3/15/2001

PAYMENT IS DUE BY THE 1st OF THE MONTH
DUE DATE 4/1/2001

Payment must be recieved by the 7th of the
month to avoid cancellation.

Arthur Fisher P/A
5553 W Waters Ave #316
Tampa Hills, FL 33634

Association of Barristers & Legal Aid

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
<i>Arthur Fisher P/A</i>						
Fisher III, Arthur W.	263-58-8192	Member	250	3/1/2001		\$284.50
Weese, Patricia C.	256-64-2868	Member	250	3/1/2001		\$284.50
Summary for 'Employer' = Arthur Fisher P/A (2 Insureds)						\$569.00
Summary of Association (2 Insureds)						\$569.00
						Amount Due

Make Check Payable To: Association of Barristers & Legal Aid

04.16.01

ATTN SHERRY PERRI

SUMMIT

832

5446

FROM DIANNE MASON

885 2006

A. W. FISHER III P/A

Suite 316

5553 West Waters Ave.

Tampa, FL 33634

FAX 8886275

Mailed
7/3/01 P. 1

PAYMENT CALCULATION

Dunkin Donuts Health & Welfare Benefit Plan
Employer: Bertling, Inc Date: 7-2-01
State: Florida County: ~~Pinellas~~ Pinellas
Association Name: Culinary Food Service (Today's Date)
(Identify Association Name For Enrollment)

Instructions:

- Select the monthly rate that applies.
 - Health Benefits
 - Prescription Benefits: Member \$24.00, Member +1 \$35.00, Family \$38.00
 - Other
- Association Dues: Single \$^{17.50}~~17.50~~ all others \$^{20.00}~~17.50~~
- Total Calculation
- Enclose first month's premium made payable to the Association you have chosen to become a member of.

Mail To

Associated Agents Of America
8131 E. Rosecrans Ave, Suite 102
Paramount, Ca 90723

MONTHLY BILLINGS

APPLICANT NAME	SSN	HEALTH PREMIUM	Rx PREMIUM	ASSN. DUES	OTHER	TOTAL
✓ Dale Bertling	215-70-8149	274 ⁰⁰	38	20		332
✓ KATHY RASON	020-52-2454	98 ⁰⁰	24	17 ⁵⁰		115 ⁵⁰
✓ KITHY VERNER	590-14-9278	94 ⁰⁰	24	17 ⁵⁰		115 ⁵⁰
✓ BRIAN Hegland	065-54-9027	109 ⁰⁰	24	17 ⁵⁰		150 ⁵⁰
✓ NORMA Judson	446-13-3968	109 ⁰⁰	24	17 ⁵⁰		150 ⁵⁰
✓ REGINA Callahan	391-38-4525	98 ⁰⁰	24 ⁰⁰	17 ⁵⁰		139 ⁵⁰
✓ Timothy W ^W	2263-47-9354	109 ⁰⁰	24	17 ⁵⁰		126 ⁵⁰
✓ Kelly Callahan	589-07-6086	103 ⁰⁰	24 ⁰⁰	17 ⁵⁰		144 ⁵⁰

DUNKIN DONUTS

8490 PARK BLVD.
SEMINOLE, FL 33777

02-98

2769

DATE 7-2-01

63-1052/631

PAY TO THE ORDER OF EMPLOYERS MUTUAL

\$ 1436.00

One Thousand four hundred thirty six dollars 00/100

DOLLARS

UNITED BANK
5901 25th Street North
St. Petersburg, Florida 33709

FOR AUG 01 EFFECTIVE Health Ins.

Dale Bertling

⑈002769⑈ ⑈063110526⑈

0103357301⑈

P.02

Employers Mutual, LLC.

711 S. Carson

Suite 5

Carson City, NV 89701

(800) 779-1933 Fax (909) 244-8294

Invoice

Billing Period: August

Due Date 8/1/2001

Payment must be received by the 20th of the month to avoid cancellation.

W.W.R.P Sales Inc.

118 S. Howard Ave

Tampa Hills, FL 33606

Association of Manufactures & Wholesalers

FullName	SSN	Status	Deductible	Effec Date	Term Date	Premium
W.W.R.P Sales Inc.						1756
Priest, Richard	262-11-5872	Family	250	6/1/2001		\$462.60
Walker, Harold	266-96-1704	Family	250	6/1/2001		\$481.00
Summary for 'Employer' = W.W.R.P Sales Inc. (2 Insureds)						\$943.60
Summary of Association (2 Insureds)				Amount Due		\$943.60
Make Check Payable To: Association of Manufactures & Wholesalers						

PAYMENT CALCULATION***Health & Welfare Benefit Plan***Employer: Auto Service by Jack Date: _____State: Florida County: Brevard 5-3-01Association Name: Autodaters
(Identify Association Name For Enrollment)***Instructions:***

1. Select the monthly rate that applies.

A) Health Benefits

B) Prescription Benefits: Member \$24.00, Member +1 \$35.00, Family \$38.00

C) Other

2. Association Dues: Single
- \$15.50
- all others
- \$17.50

3. Total Calculation

4. Enclose first month's premium made payable to the Association you have chosen to become a member of.

Mail To***Associated Agents Of America***

8131 E. Rosecrans Ave, Suite 102

Paramount, Ca 90723

MONTHLY BILLINGS

APPLICANT NAME	SSN	HEALTH PREMIUM	Rx PREMIUM	ASSN. DUES	OTHER	TOTAL
Kimberly Bell	317-80-5250	310 ⁰⁰	38 ⁰⁰	20 ⁰⁰		368 ⁰⁰
Sally Stowe	593-81-4520	193 ⁰⁰	35 ⁰⁰	20 ⁰⁰		248 ⁰⁰

9556

AUTO SERVICE BY JACK BELL, INC.295 S. WICKHAM RD. PH. 407-984-3252
WEST MELBOURNE, FL 32904DATE May 2, 2001

\$ 607.00

Pay to the
ORDER OF Employers Mutual
Six Hundred & Seven

100 DOLLARS

NATIONS BANK, N.A.
02992 FLKimberly E Bell

FOR _____

⑈009556⑈ ⑈063000047⑈ 003739072659⑈

PAYMENT CALCULATION

Health & Welfare Benefit Plan

Employer: Insights Date: 8/10/01

State: Florida County: Hills

Association Name: Assoc. of Educators (Today's Date) Make Check "Employers Mutual"

(Identify Association Name For Enrollment)

Instructions:

1. Select the monthly rate that applies.

**8131 E. Rosecrans Ave, Suite 102
Paramount, Ca 90723**

A) Health Benefits

B) Prescription Benefits: Member \$24.00, Member +1 \$35.00, Family \$38.00

C) Other
2. Association Dues: Single \$17.50 all others \$20.00
3. Total Calculation
4. Enclose first month's premium made payable to the Association you have chosen to become a member of.

Mail To

Associated Agents Of America

8131 E. Rosecrans Ave, Suite 102

Paramount, Ca 90723

\$35.00, Family \$38.00

MONTHLY BILLINGS

[illegible]

PAYMENT CALCULATION

Health & Welfare Benefit Plan

Employer: Henry JR-Trucking Date: 8/14/01
State: Florida County: Hillsborough
(Today's Date)
Association Name: Assoc. of Truckers (Make Check "Employers Mutual")
(Identify Association Name For Enrollment)

Instructions:

1. Select the monthly rate that applies. **8131 E. Rosecrans Ave, Suite 102**
Paramount, Ca 90723
 A) Health Benefits
 B) Prescription Benefits: Member \$24.00, Member +1 \$35.00, Family \$38.00
 C) Other
2. Association Dues: Single \$17.50 all others \$20.00
3. Total Calculation
4. Enclose first month's premium made payable to the Association you have chosen to become a member of.

Mail To
Associated Agents Of America
8131 E. Rosecrans Ave, Suite 102
Paramount, Ca 90723

MONTHLY BILLINGS

[illegible]

HENRY, JR. TRUCKING INC.

813-681-6733
P.O. BOX 1833
RIVERVIEW, FL 33568

3161

DATE August 13, 2001

63-27631 FL
138

PAY
TO THE
ORDER OF Employers mutual

\$ 1,044.50

ONE Thousand Fourty Four & ⁵⁰/₁₀₀

DOLLARS  Security features
are attached
Directly on bank.

NationsBank

NationsBank, N.A.

ACH R/T 083100277

FOR Health Benefits Enrollment

Jana Hallock

003161 063100277: 001407721504

Employers Mutual Clients

The Don Vincente Historic Inn
Eff.9/01/01
1915 Republica de Cuba
Tpa, Fl 33605
#(813) 241-4545

Tessa Shiver #595-32-4573
Julius Shiver #261-64-8704
Blaise Denoyior #091-50-9972
Sheryl Shiver #264-04-9262

Al Commercial
Anthony Lefler
302 S. Audubon St.
Tampa, Fl 33609
813-879-4834
#266-85-3964
Eff.9-01-01

Soil Tech Distributers
7611 E. Broadway
Tampa, Fl 33619
813-627-0889
Eff. 9-01-01

Dr. Richard Goldberger
5106 N. Armenia #4
Tampa, Fl 33603
#813-875-0074
Eff. 4-01-01

Partylite, Group
James Hugley
3937 Zurich Ct.
Tampa, Fl 33624
813-908-2887
Eff. 2-02-01



December 4, 2001

Dear Client:

It has been 2 weeks since I sent the letter voicing my concerns regarding Employers Mutual. They are still moving very slowly on administration issues. They have not yet advised me when the new TPA will be up and running.

I am advising all my clients to obtain group health coverage elsewhere. They have been totally overwhelmed since they lost Sierra as the TPA. The level of service I have been receiving is totally unacceptable. They are still behind on claims, they are getting them paid but very slowly. I am tired of playing the waiting game.

I am enclosing a spreadsheet of alternative companies. These companies will have a higher premium but the customer service and their handling of claims will be significantly better. These are the most competitive companies available currently.

The deadline to enroll in order to receive the next available effective date is coming up quickly. So please call me soon to discuss which company is best for your business.

Deadline for turning in business:

United Health 2-4 EE's December 20th for February 1 effective date

5-50 EE's January 1 for February 1 effective date

Aetna/ US Health 5-50 EE's January 1 for February 1 effective date

If you choose to remain with Employers Mutual please sign and return to me the enclosed disclaimer.

Sincerely,

Sherry Perri

3225 S. Macdill Ave. #342, Tampa FL 33629
Tel 813-361-3444 Fax 813-832-5446
Sherry@summitgroupbenefits.com

EMPLOYER'S MUTUAL DISCLAIMER

My Group Health Insurance agent, Sherry Perri with Summit Group Benefits, Inc. has advised me to obtain Group Medical Coverage with a new carrier. My current company, Employers Mutual continues to battle regulatory issues.

I am choosing to remain with Employers Mutual during their ongoing administrative problems.

I will in no way hold Sherry Perri, or Summit Group Benefits, Inc. liable for any future unforeseen consequences. I will handle all administrative and or claim issues with Employers Mutual directly. I understand that delays in administrative help and claim payment is to be expected.

Date: _____

Company: _____

Signature: _____

Title: _____